

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
HOSPITAL BEDS STANDARD ADVISORY COMMITTEE (HBSAC) MEETING**

Thursday, January 21, 2020

Zoom Meeting

APPROVED MINUTES

I. Call to Order

Chairperson Groseclose called the meeting to order at 9:32 a.m.

A. Members Present and participating remotely:

Jennifer Groseclose, Chairperson – Munson Healthcare – Charlotte County, FL
Stephen Anderson Blue Cross Blue Shield of Michigan (BCBSM) – Oakland County
Jennifer Eslinger – Henry Ford Health System (HFHS) – Wayne County
Joel Flugstad – Spectrum Health – Kent County
Synnomon Harrell, International Union, UAW – Wayne County
Glenn King, MSN, RN, MBA – MidMichigan Health – Clare County
Linda Larin, FACHE, MBA – University of Michigan Health System (UMHS) – Washtenaw County
David McEwen – Detroit Medical Center (DMC) – Oakland County
Kelly Smith – Trinity Health Michigan – Washtenaw County
Tammie Steinard, RN, BS, BSN MHA, ONC – Ascension Michigan – Kalamazoo County
Carolyn Wilson – Beaumont Health – Oakland County

B. Members Absent:

Chad Grant, FACHE, Vice-Chairperson – McLaren Health Care
Doug Roehm – Strategic services Group

C. Michigan Department of Health and Human Services Staff present:

Tulika Bhattacharya
Joette Chadwick
Beth Nagel
Tania Rodriguez
Brenda Rogers

II. Declaration of Conflicts of Interests

Ms. Wilson stated that Beaumont Health has filed an appeal for LAA beds and an LOI has been submitted.

III. Review of Agenda

Motion by Mr. Flugstad, seconded by Mr. King to accept the agenda as presented. Motion carried.

IV. Review of Draft Minutes – December 3, 2020

Motion by Mr. McEwen, seconded by Ms. Eslinger to accept the minutes as presented. Motion carried.

V. Charge 1 – Review the requirements and provisions for limited access areas – Subcommittee Update

Chairperson Groseclose provided the subcommittee update. (Attachment A)

Subcommittee members: Chairperson Groseclose, Chad Grant, Kelly Smith, Joel Flugstad, Jennifer Eslinger, Linda Larin, Paul Delamater, Steve Szlag, Abby Burnell, Arlene Elliott, and Carrie Linderth Romel

Discussion followed.

VI. Charge 2 – Evaluate whether patients who are in a licensed bed, and who are or may become observation status, should be included/excluded in the patient count – Subcommittee Update

Mr. Flugstad provided the subcommittee update. (Attachment B)

Discussion followed.

Motion by Mr. Flugstad, seconded by Ms. Wilson to exclude observation status patients from either the special research projects or the overall count of patients in the hospital survey. Motion carried.

Motion by Flugstad, seconded by Mr. McEwen to accept the proposed changes in the slides as presented. Motion carried.

The subcommittee asked if the survey question could be updated prior to the actual change in the standard. The Department will check with the Commission.

VII. Charge 4 – Review possible modification to the replacement zone definition – Subcommittee Update

Ms. Smith provided a verbal subcommittee update.

VIII. Next Steps

Charge 1 subcommittee will meet again.

Charge 4 subcommittee will meet again.

Department will check with the Commission on the change regarding observation beds for this year's survey.

IX. Future Meeting Dates

February 11, 2021; March 11, 2021; April 15, 2021; & May 6, 2021

X. Public Comment

None.

XI. Adjournment

Motion by Ms. Wilson, seconded by Mr. Flugstad to adjourn the meeting at 10:04 a.m. Motion carried.

HOSPITAL BED SAC – CHARGE ONE LIMITED ACCESS AREA UPDATE

January 21, 2020

CHARGE ONE: LIMITED ACCESS AREA REVIEW

Charge One: Review the requirements and provisions for limited access area

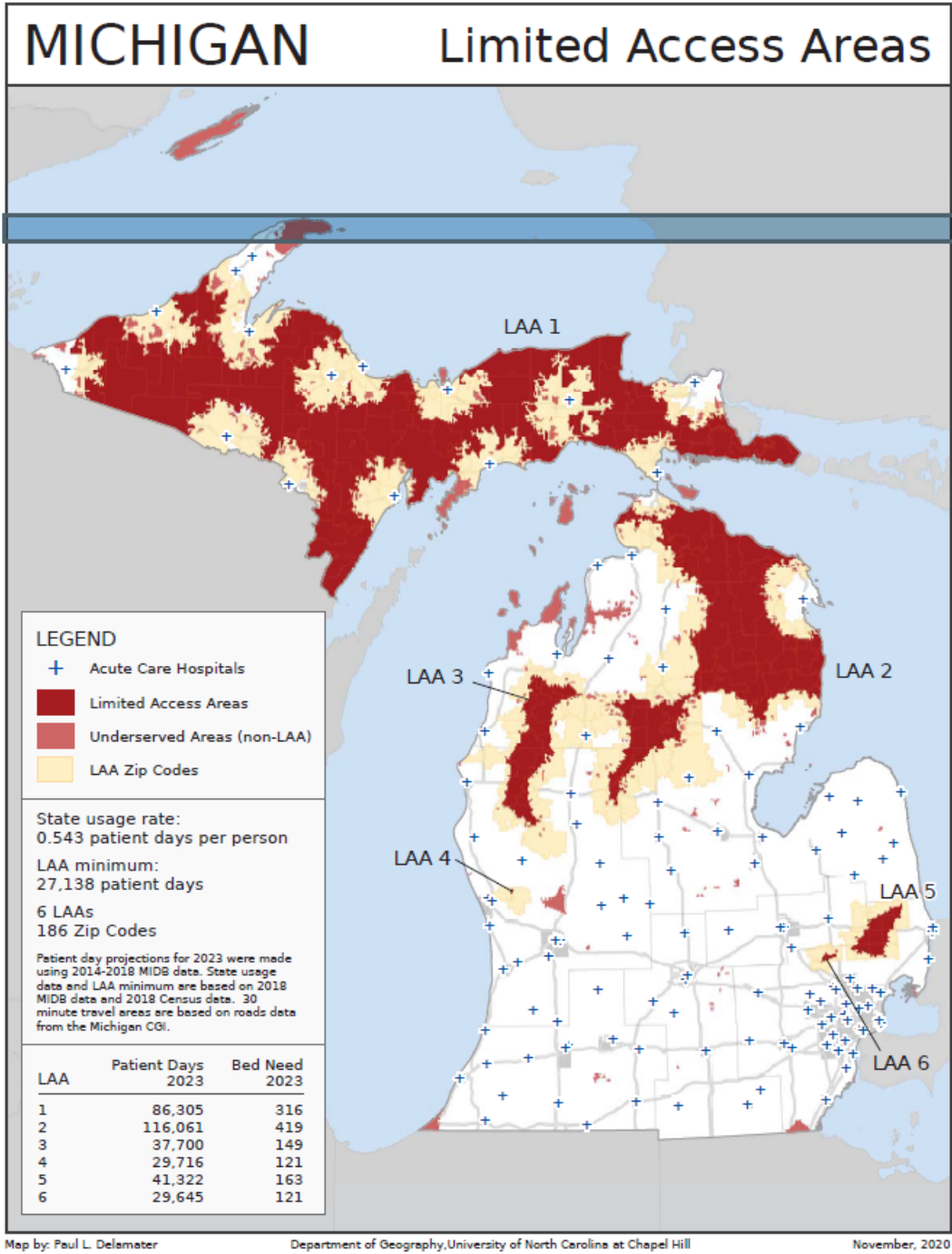
Summary of Methodology:

- 1. Identify the regions that are more than 30 minutes of vehicular travel to the nearest hospital = UNDERSERVED AREAS (UAs)**
- 2. Assign Zip Codes to each UA (the zip code is assigned if any part of the Zip Code polygon touches the UA)**
- 3. Calculate predicted patient days for the Zip Codes**
- 4. Calculate statewide average of patient days used by 50,000 people**
- 5. Identify UAs with a predicted patient days value greater than or equal to the patient day threshold = LIMITED ACCESS AREAS**
- 6. For each LAA, calculate bed need based on predicted patient days**

CHARGE ONE: LIMITED ACCESS AREA REVIEW

Summary of Initiation Requirements within a Limited Access Area

- 1. Proposed hospital must be located within the Limited Access Area*
- 2. Proposed hospital must serve a population of 50,000 or more*
 - Inside the LAA (and)*
 - Within the 30/60 minutes of the proposed location*



CHARGE ONE: LIMITED ACCESS AREA SUBGROUP

First Subgroup Meeting: January 13, 2021

The Subgroup reviewed the LAA criteria and challenges with the current methodology.

Review and discussions will focus on travel time methods and population approach

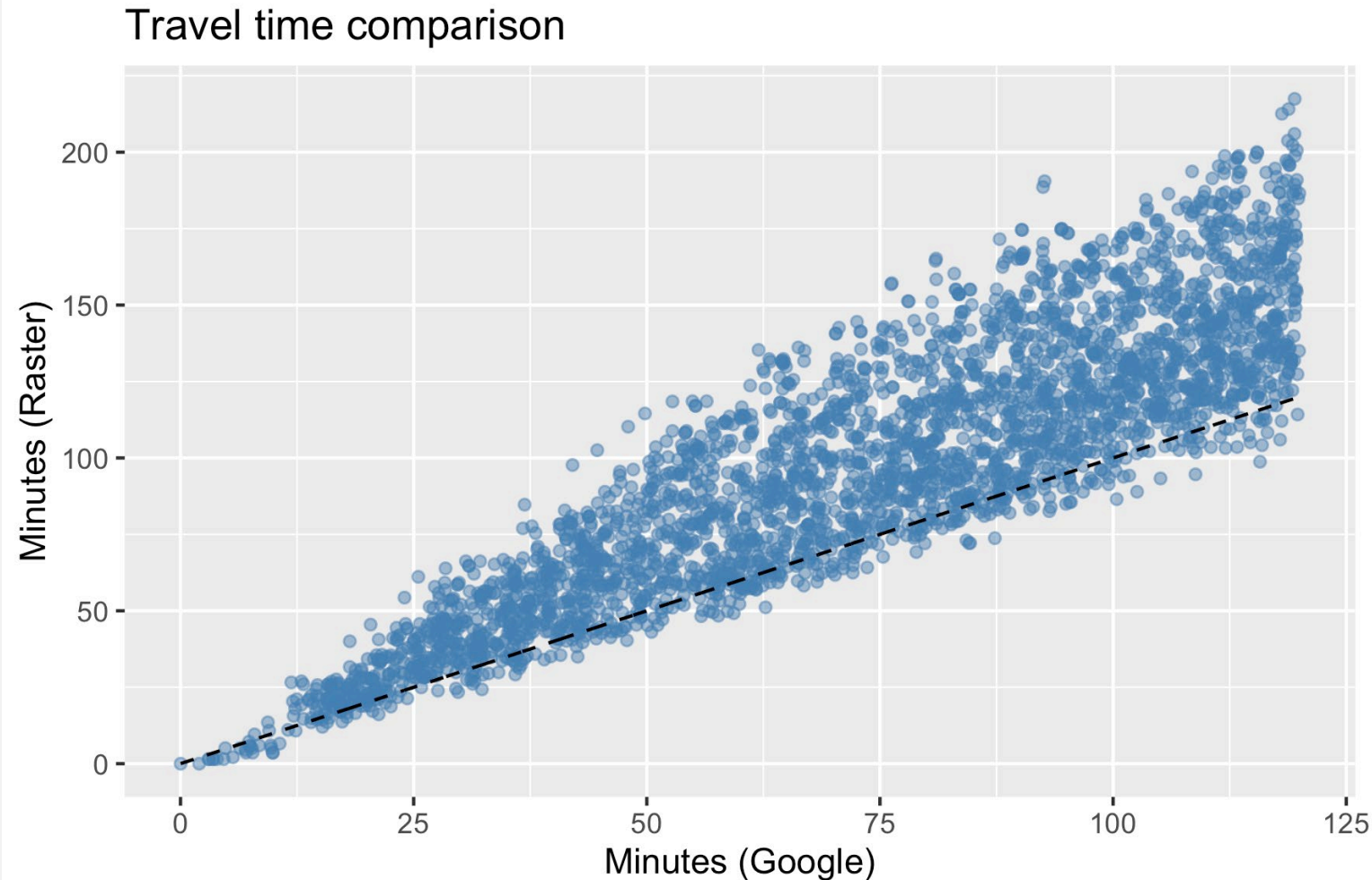
Second Subgroup Meeting planned for 2/8/2021

CHARGE ONE: LIMITED ACCESS AREA SUBGROUP

Areas of review at future LAA Subgroup meetings:

- *Add section to Standards with detailed LAA methodology steps*
- *Ensure identification and initiation approaches correspond with each other*
- *Reconsider the population assignment approach*
- *Reconsider the travel time analysis approach*
 - *(Current) Raster Based*
 - *ArcGIS*
 - *ESRI*
 - *Google Maps*

TRAVEL TIME COMPARISON – RASTER-BASED



Raster-based (current)

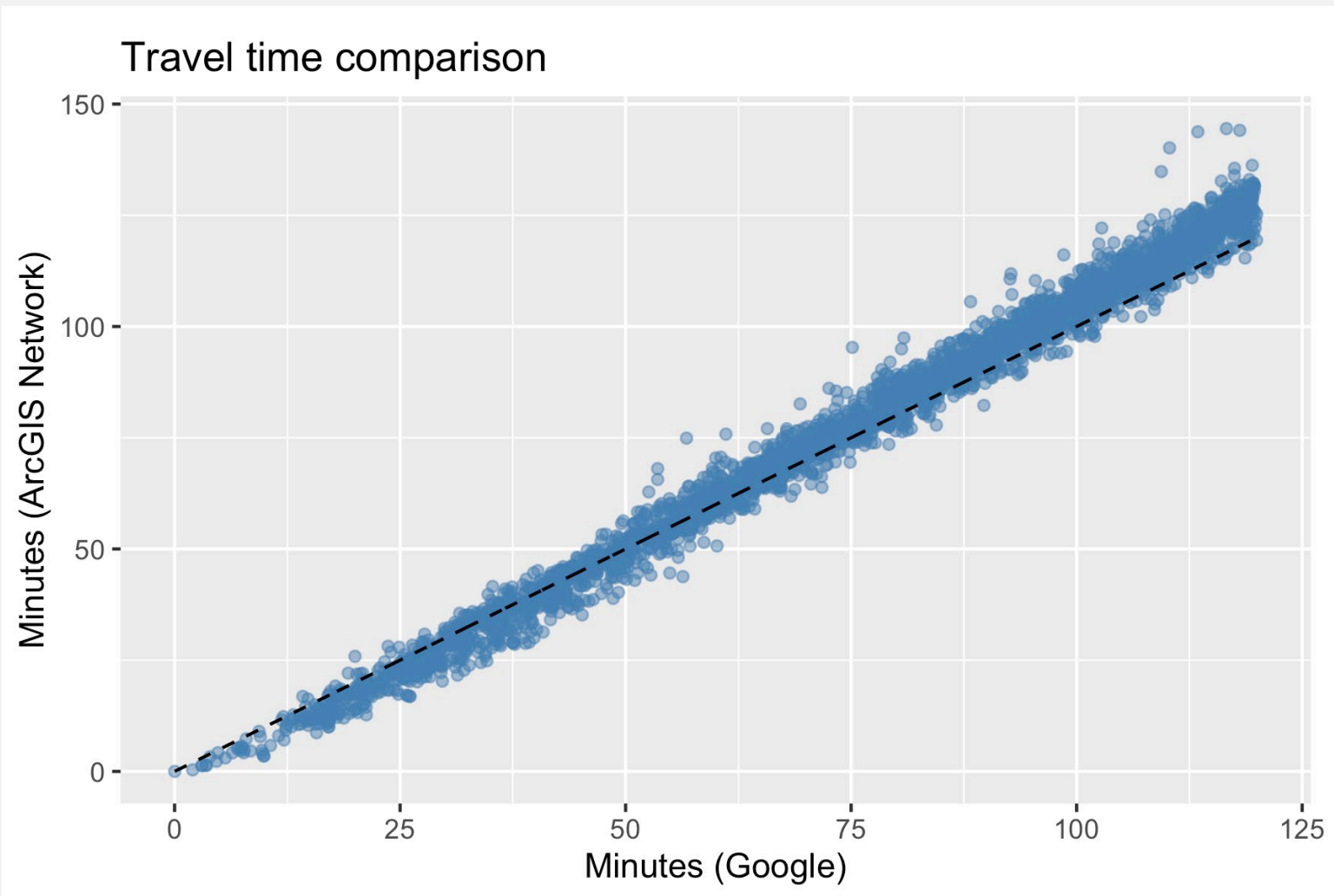
Correlation = 0.93

ME = 24.9 minutes

RMSE = 33 minutes

In general, the raster-based approach overestimates travel time with error increasing with length of trip

TRAVEL TIME COMPARISON - ARCGIS

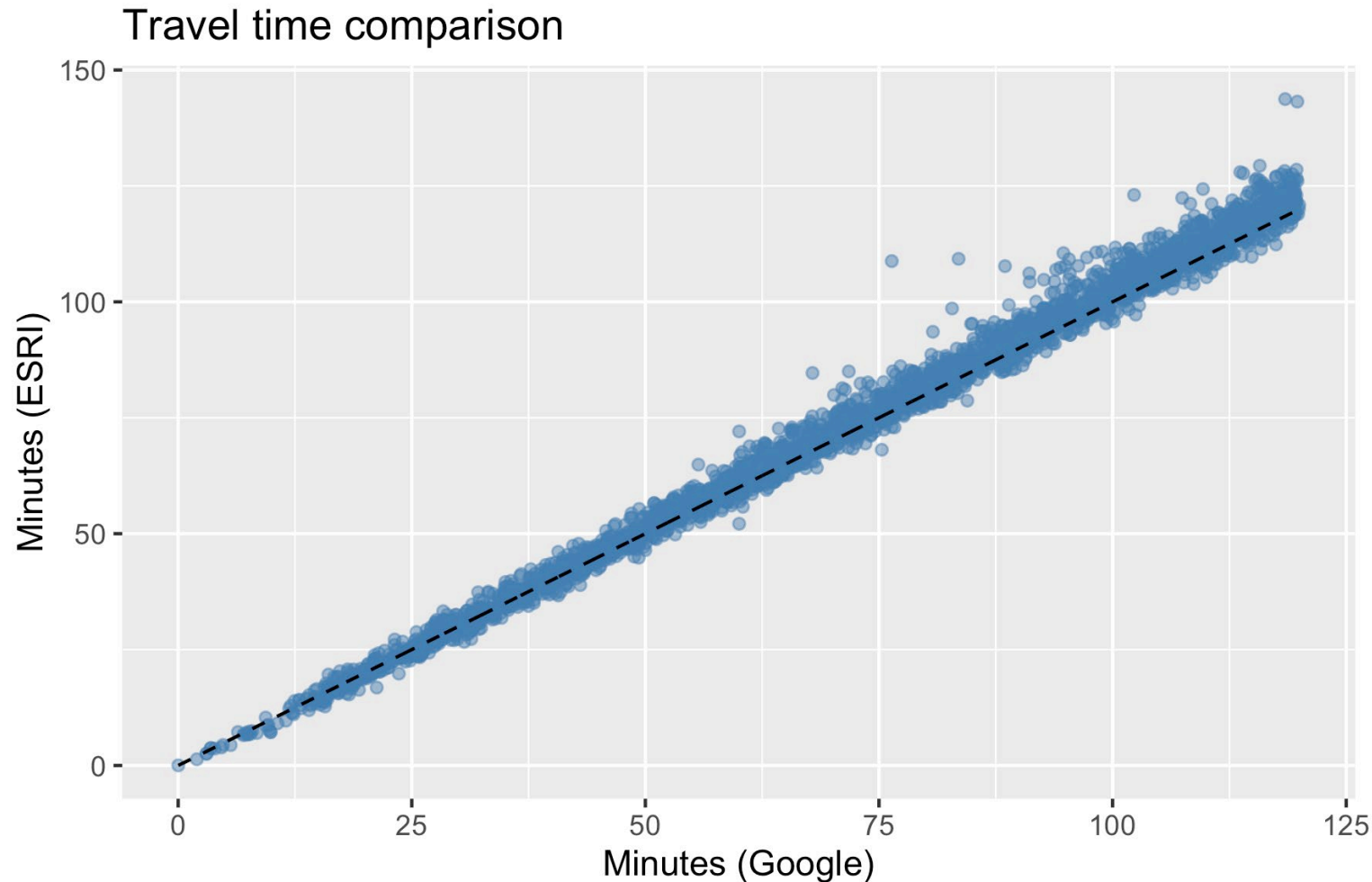


ArcGIS Network (local)

Correlation = 0.996
ME = 2.5 minutes
RMSE = 5.3 minutes

In general, the ArcGIS network-based approach underestimates travel time for shorter trips but overestimates for longer trips

TRAVEL TIME COMPARISON – ESRI NETWORK



ESRI Network (api)

Correlation = 0.99
ME = 1.6 minutes
RMSE = 3.4 minutes

In general, the ESRI network-based approach appears centered for shorter trips but slightly overestimates for longer trips

CHARGE 2 SUB-GROUP UPDATE

JANUARY 2021

CHARGE 2

- “Evaluate whether patients who are in a licensed bed, and who are or may become observation status, should be included/excluded in the patient count”

KEY OUTCOMES

- Discussion about the accuracy of the current survey
 - Recommendation for updates to hospital standard definitions and the corresponding instructions on Schedule L

Attachment B

RECOMMENDATION #1 – UPDATE DEFINITIONS IN HOSPITAL BED STANDARDS

- **Section 2(1)(a) - Definitions**

- **(b)** "Adjusted patient days" means the number of patient days when calculated as follows:
 - (i) Combine all pediatric patient days of care and obstetrics patient days of care provided during the period of time under consideration and multiply that number by 1.1.
 - (ii) Add the number of non-pediatric and non-obstetric patient days of care, excluding psychiatric patient days, provided during the same period of time to the product obtained in (i) above. This is the number of adjusted patient days for the applicable period.
- **(q)** "Hospital bed" means a bed within the licensed bed complement at a licensed site of a hospital licensed under Part 215 of the Code, excluding (i) hospital beds certified for long-term care as defined in Section 20106(6) of the Code, (ii) unlicensed newborn bassinets **and (iii) observation beds.**
- **(ff)** "Obstetrics patient days of care" means inpatient days of care for patients in the applicant's Michigan Inpatient Data Base data ages 15 through 44 with DRGs 370 through 375 (obstetrical discharges). **This term does not include admitted patients who are, or were later identified to be in observation status.**
- **(hh)** "Pediatric patient days of care" means inpatient days of care for patients in the applicant's Michigan Inpatient Data Base data ages 0 through 14 excluding normal newborns. **This term does not include admitted patients who are, or were later identified to be in observation status.**
- **(ll)** "Remaining patient days of care" means total inpatient days of care in the applicant's Michigan Inpatient Data Base data minus obstetrics patient days of care and pediatric patient days of care. **This term does not include admitted patients who are, or were later identified to be in observation status.**

2019 Michigan Certificate of Need Annual Survey

Attachment B

[Admin] [Super]	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Facility Filter
--------------------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	--------------------

000000	2019 TEMPLATE	ANY CITY	HOSPITAL
--------	---------------	----------	----------

SECTION L: Licensed Inpatient Hospital Beds	Next
---	------

Contact information for the person responsible for completing this section: <input type="checkbox"/> Check here if same as Section A.		
Contact Name	<input type="text"/>	HL_CNAME
Contact E-mail	<input type="text"/>	HL_CEMAIL
Contact Phone	<input type="text"/>	HL_CPHONE
Contact Fax	<input type="text"/>	HL_CFAX

Instructions:
<ol style="list-style-type: none">1. Report the number of patients that were discharged from the hospital during the survey year by bed type. If discharges are not available, please provide the number of admissions by bed type.2. Report the number of patient days of care provided by the facility during the survey year by bed type.3. Report if the facility has met the terms of approval and the project delivery requirements.<ol style="list-style-type: none">a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.b. If additional explanation of project delivery requirements is necessary, please put information in the data comment box at the bottom of this Section.

Definitions:
Discharges mean the number of patients who expire or are released from the hospital.
Medical/Surgical Beds includes intensive care, cardiac care, rehabilitation, acute substance abuse, and tuberculosis beds.
Patient Days means the number of days that the licensed beds were occupied by a patient.



RECOMMENDATION #2 – SURVEY INSTRUCTION UPDATE

Current Instruction #2

- “Report the number of inpatient days of care provided by the facility during the survey year by bed type”

Proposed Instruction #2

- “Report the number of inpatient days of care provided by the facility during the survey year by bed type. This term does not include admitted patients who are, or were later identified to be in observation status.”